

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032970

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 10

FILED SEP 6 1963

VS 300
Rev. 4/59

10660

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richwoods		c. CITY OR TOWN Iberia	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 42		d. STREET ADDRESS Rt. 1	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DORSEY Middle ROCKFORD Last HUMPHREY		4. DATE OF DEATH Month August Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-15-1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) 19
11. BIRTHPLACE (City and state or country) Miller Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rockford Bennett Humphrey		13b. MOTHER'S MAIDEN NAME Zella L. Helton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Rockford Humphrey	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 3 Minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Brain Injury		3 minutes	
DUE TO (c) Skull Fracture		3 Minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Crushing of chest with multiple rib fractures			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Head on auto collision on missouri			
20c. TIME OF INJURY Hour 12:27 a.m. p.m. Month, Day, Year 8-24-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Richwoods Miller Mo.	
21. I attended the deceased from Never attended to and last saw her him alive on 12:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.S. Humphrey (Deceased or title)		22b. ADDRESS Tuscumbia, Missouri	
22c. DATE SIGNED 8-27-63 (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-26-1963		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
23d. LOCATION (City, town, or county) Miller Co. Missouri		24. FUNERAL DIRECTOR Scriver-Stevinson Iberia, Mo.	
25. DATE RECD. BY LOCAL REG. August 28, 1963		26. REGISTRAR'S SIGNATURE Jessie Perkins	

SEP 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Jayli Stevenson

Licensed Embalmer No. _____

5201

P. O. Address _____

Jena, Mr.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.